

MENT OF DEFICIENCIES  
AN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

445268

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

(X3) DATE SURVEY  
COMPLETED

11/16/2011

OF PROVIDER OR SUPPLIER

ANON HEALTH AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

731 CASTLE HEIGHTS COURT

LEBANON, TN 37087

ID FIX G	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
176 S=D	<p>483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE</p> <p>An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to an assessment to determine the safety of self administration of drugs for one resident (#1) of sixteen residents reviewed.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on October 11, 2011, with diagnoses including Pneumonia, Peripheral Vascular Disease, and Diabetes Mellitus Type II.</p> <p>Medical record review revealed no assessment to determine the resident's ability to self administer medications.</p> <p>Observation on November 14, 2011, at 10:12 a.m., revealed the resident sitting on the side of the bed with an inhaler on the bed beside the resident.</p> <p>Interview with Director of Nursing (DON) on November 14, 2011, at 11:55 a.m., in the DON office, confirmed the resident had not been assessed by the interdisciplinary team for self administration of medications.</p>	F 176	<p>F 176 Resident Self-Administrator Drugs If Deemed Safe</p> <p>The facility will ensure all residents may self-administer drugs if the interdisciplinary team has determined that this practice is safe.</p> <ol style="list-style-type: none"> <li>1.) Resident #1 had an assessment to determine the safety of self-administration of drugs on 11/14/2011.</li> <li>2.) The nursing administration team completed a 100% bedside audit of every resident's rooms to determine if there was any other medication that were at the residents bedsides. The nursing administration team did not find any other medications at any resident's bedsides.</li> <li>3.) All license nurses were in serviced by 11/18/11, if a physician writes an order for a resident to administer medication at bedside then a self-assessment needs to be completed by the nurse before giving the medication to the resident and documented on the residents care plan.</li> </ol> <p>The DON or Designee will monitor all physician orders for a resident to administer medication at bedside and will review the charts of those residents to ensure a self-administration of medication is completed daily for four weeks, weekly for four weeks, and monthly for one month.</p>	12-09-11
273	483.20(b)(2)(i) COMPREHENSIVE	F 273		

TORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*ina D McCas* Administrator

12-01-11

ciency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that feguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ; the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 lowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (PLAN OF CORRECTION)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445268	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  11/16/2011
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NAME OF PROVIDER OR SUPPLIER  EBANON HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087
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F 176 SS=D	<p>483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE</p> <p>An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to an assessment to determine the safety of self administration of drugs for one resident (#1) of sixteen residents reviewed.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on October 11, 2011, with diagnoses including Pneumonia, Peripheral Vascular Disease, and Diabetes Mellitus Type II.</p> <p>Medical record review revealed no assessment to determine the resident's ability to self administer medications.</p> <p>Observation on November 14, 2011, at 10:12 a.m., revealed the resident sitting on the side of the bed with an inhaler on the bed beside the resident.</p> <p>Interview with Director of Nursing (DON) on November 14, 2011, at 11:55 a.m., in the DON office, confirmed the resident had not been assessed by the interdisciplinary team for self administration of medications.</p>	F 176	<p>4.) The data collected from the audits will be given to the Director of Nursing for tracking and trending to be presented at the Quality Assurance Committee meeting. Compliance of this system will be reviewed monthly by the Quality Assurance committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Medical Records, Pharmacist Consultant, Maintenance Supervisor, Social Service Director, Activities Director, and Housekeeping Supervisor. Subsequent plans of correction will be developed and implemented as needed.</p>	12-09-11
F 273	483.20(b)(2)(i) COMPREHENSIVE	F 273		

ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

A deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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## CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

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273 S=D	<p>Continued From page 1</p> <p><b>ASSESSMENT 14 DAYS AFTER ADMIT</b></p> <p>A facility must conduct a comprehensive assessment of a resident within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or for therapeutic leave.)</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to complete a comprehensive Minimum Data Set (MDS) assessment within fourteen days of admission for two (#9, #6) of sixteen residents reviewed.</p> <p>The findings included:</p> <p>Resident #9 was admitted to the facility on October 5, 2011, and readmitted on November 2, 2011, with diagnoses including Fractured Femur, Cerebrovascular Accident, Pneumonia, Urinary Tract Infection, and Bipolar Disorder.</p> <p>Medical record review revealed no documentation a comprehensive Minimum Data Set (MDS) assessment had been completed.</p> <p>Interview on November 16, 2011, at 9:55 a.m., with Registered Nurse #3 (MDS Coordinator), in the MDS office, confirmed the comprehensive Minimum Data Set (MDS) assessment had not been completed.</p>	F 273	<p>F273 Comprehensive Assessment 14 Days after Admit</p> <p>The facility will conduct a comprehensive assessment of a resident within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition.</p> <p>1.) The facilities completed the comprehensive MDS assessment for Resident #9 on 11/16/2011.</p> <p>The facility completed the comprehensive MDS assessment for Resident #6 on 11/16/2011.</p> <p>2.) The Regional Care Coordinator complete an audit of all admission within the last 30 days to determine if there were any other 14 comprehensive assessment not complete. All assessment was current by 11/21/2011.</p> <p>3.) The MDS nursing administration team was in serviced on making sure all MDS are completed within 14 calendar days after admissions on 12/02/2011.</p> <p>The Regional Care Coordinator or designee will be reviewing the tickler to make sure all admission assessment are completed within the 14 calendar days five days a week for one month, weekly for four weeks, and monthly for one month.</p>	12-09-11

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

EBANON HEALTH & REHAB

FORM APPROVED 0008/044  
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F 273	Continued From page 2	F 273	4.) The data collected from the audits will be given to the Director of Nursing for tracking and trending to be presented at the Quality Assurance Committee meeting. Compliance of this system will be reviewed monthly by the Quality Assurance committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Medical Records, Pharmacist Consultant, Maintenance Supervisor, Social Service Director, Activities Director, and Housekeeping Supervisor. Subsequent plans of correction will be developed and implemented as needed.	
F 279 SS=D	<p>Resident #6 was admitted to the facility on November 1, 2011, with diagnoses including Dementia, Pyelonephritis, and Urinary Tract Infection.</p> <p>Medical record review revealed no documentation a comprehensive MDS assessment had been completed.</p> <p>Interview with Registered Nurse #3 on November 16, 2011, at 11:30 a.m., in the MDS office, confirmed the comprehensive Minimum Data set assessment had not been completed.</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p>	F 279	<p>F279 Develop Comprehensive Care Plans</p> <p>The facility will use the results of the assessment to develop, review, and revise the resident's comprehensive plan of care.</p> <p>1.) The pressure pad alarm was added to the care plan on 11-16-2011, for resident #15.</p> <p>2.) We completed a 100% audit of all residents in the facility with pressure pad alarms and made sure it was reflected on the residents care plan on 11-18-2011.</p> <p>3.) All licensed nurses were in serviced by 11/18/2011 to ensure that when they place a pressure pad alarm on a resident that it is reflective on the residents care plan.</p>	12-09-11



12/12/2011 MON 1:15 FAX 615 444 4393 LEBANON HEALTH & REHAB  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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FORM APPROVED 1009/044  
 OMB NO. 0938-0391

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F 279	Continued From page 3  This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to update an initial plan of care to address a fall prevention intervention for one resident (#15) of sixteen residents reviewed.  The findings included:  Resident #15 was admitted to the facility on November 15, 2011, with diagnoses including Pneumonia, Metastatic Pancreatic Cancer, Diabetes Mellitus, Generalized Weakness, and Hypertension.  Interview and medical record review with the facility Staff Development Coordinator, at the nurse's desk on November 16, 2011, at 10:10 a.m., revealed that the resident had been confused upon admission and a pressure pad alarm was attached to the wheel chair to prevent unassisted transfers. Continued interview at this time confirmed that the plan of care was not updated to reflect the pressure pad alarm.	F 279	The DON or designee will review all residents charts that have a pressure pad alarm added that is reported on the 24 hour report daily times four weeks, weekly for four weeks, and monthly times one month.  4.) The data collected from the audits will be given to the Director of Nursing for tracking and trending to be presented at the Quality Assurance Committee meeting. Compliance of this system will be reviewed monthly by the Quality Assurance committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Medical Records, Pharmacist Consultant, Maintenance Supervisor, Social Service Director, Activities Director, and Housekeeping Supervisor. Subsequent plans of correction will be developed and implemented as needed.	
F 281 SS=E	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to follow physician's orders for five residents (#1, #6, #8, #5, #9) and failed to develop a care plan to	F 281	F281 Services Provided Meet Professional Standards  The facility services will provide or arranged by the facility must meet professional standards of quality.	12-09-11

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F 281	<p>Continued From page 4</p> <p>address the needs of one resident (#4) of sixteen residents reviewed.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on October 11, 2011, with diagnoses including Pneumonia, Peripheral Vascular Disease, and Diabetes Mellitus Type II.</p> <p>Medical record review of the Admission Orders dated October 17, 2011, revealed an order for Cipro (antibiotic) 500mg (milligram) 1 tab (tablet) BID (twice daily) for fourteen days with a diagnoses of Pneumonia, Sliding Scale per protocol, and Accuchecks AC (before meals) and HS (at bedtime).</p> <p>Medical record review of the Medication Administration Record (MAR) dated October 17, 2011, revealed Cipro 500mg 1 tab BID X (times) fourteen days. Further medical record review revealed first dose of Cipro was not administered until October 18, 2011, at 9:00 a.m.</p> <p>Medical record review of the Blood Glucose Tracking form dated October 2011, revealed on October 18, 9:00 p.m., October 24, 7:00 a.m. and 11:30 a.m., October 27, 7:00 a.m., and October 31, 9:00 p.m., no documentation the accuchecks were completed.</p> <p>Observation on November 14, 2011, at 10:12 a.m., in the resident's room, revealed the resident sitting on the side of the bed.</p> <p>Resident #6 was admitted to the facility on November 1, 2011, at 3:33 p.m., with diagnoses</p>	F 281	<p>1.) Resident #1 was discharged on 11/19/2011. Medication Variances was completed 11/01/11 for the patient and addressed with the nurses that were involved with her care on the dates that had medication errors.</p> <p>Resident # 6 was discharged on 11/25/2011. Medication variances were completed on 11/18/2011 for the missed dose of Aricept and Diflucan.</p> <p>Resident #8 was discharged on 10/20/2011. Medication Variance was completed for the Lovenox not administered.</p> <p>Resident #5 was discharged on 11//22/2011. Medication Variances was completed for the Lovenox.</p> <p>Resident #9 was discharged on 11/21/2011. The nurse received a TO order from the physician on 11-13-11 to give two tablets instead of one as a one time order.</p> <p>The PICC line was added to Residents # 4 care plan on 11/15/2011.</p>	

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F 281	<p>Continued From page 5 including Dementia, Pyelonephritis, and Urinary Tract Infection.</p> <p>Medical record review of the Admission Orders dated November 1, 2011, revealed an order for Aricept (treatment of dementia) 10mg at bedtime.</p> <p>Medical record review of the Medication Administration Record dated November 1, 2011, revealed three medications ordered for 9:00 pm were administered and one medication, Aricept 10mg was not administered until November 2, 2011, at 9:00 p.m.</p> <p>Medical record review of a Physician's Telephone Order dated November 10, 2011, at 9:00 p.m. revealed "...Diffucan 100 mg po daily X 4 days..."</p> <p>Medical record review of the Medication Administration Record dated November 11, 2011, revealed Diffucan 100mg every day for four days and the first dose given November 11, 2011, at 9:00 a.m.</p> <p>Observation on November 14, 2011, at 2:25 p.m., in the resident's room, revealed the resident sitting in the wheelchair.</p> <p>Resident #8 was admitted to the facility with diagnoses including Atrial Fibrillation, Right Fracture Femur, and History of Cerebral Vascular Accident (stroke).</p> <p>Medical record review of the hospital Discharge Summary, signed by the hospital physician on October 23, 2011, revealed the resident was to receive Lovenox (anticoagulant) for DVT prophylaxis and Atrial Fibrillation.</p>	F 281	<p>2.) The Administrator, Director of Nursing, Staff Development Nurse, Regional Nurse Consultant, and Medical Records did a 100% chart audit by 11/18/2011, on all admission orders being transcribed correctly from the discharge orders and all medications were given as ordered.</p> <p>The DON did a 100% audit on 11/21/2011 on all residents that had a PICC line was on their plan of care.</p> <p>3.) The licensed nursing staff was in serviced by the Staff Development Nurse/DON by 11/18/2011, on following physician orders and transcribing orders correctly to the MAR. All new orders and new admission medication are to be started on the same day as the order. Medication needs to be pulled from the emergency box as needed.</p>	

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F 281	<p>Continued From page 6</p> <p>Medical record review of the Medication Administration Record dated October 23, 2011, revealed the facility failed to transcribe the Lovenox order to the MAR and to clarify dosage or frequency.</p> <p>Medical record review of the Medication Administration Record dated October 27, 2011, revealed Coumadin 5mg given October 27, 2011, at 5:00 p.m. and Lovenox 60 mg SQ q day for DVT Prophylactic not given until 9:00 a.m., on October 28, 2011, resulting in one missed dose on October 27, 2011.</p> <p>Review of facility documentation Emergency Kit Contents revealed Cipro, Aricept, Diflucan and Lovenox was available in the E-Kit (emergency kit).</p> <p>Interview on November 16, 2011, at 10:15 a.m., in the Director of Nursing office, with the Regional Nurse Consultant, confirmed the facility failed to administer the medications as ordered for residents #1, #6, and #8, and complete the sliding scale for resident #1.</p> <p>Resident #5 was admitted to the facility on October 1, 2011, with diagnoses including Left Hip Fracture, History of Cerebrovascular Accident, Hypertension, Osteoporosis, and Chronic Kidney Disease.</p> <p>Medical record review of the physician's orders dated October 1, 2011, revealed the resident was to receive Lovenox (anticoagulant) 30 mg (milligrams) subcutaneously (by injection) for twenty-one days.</p>	F 281	<p>The licenses nurses were in serviced by the SDC on making sure there are two signatures on the Admission orders and both nurses are to check to make sure orders are correct.</p> <p>The nurses on 11-7 will perform 24 hour chart check on all active charts to make sure all new medication orders are transcribed correctly to the MAR. They are to make a copy of the MAR and attach to the pink TO orders for the DON to validate orders were transcribed correctly.</p> <p>The DON or Designee will review new admission MARS and MARS for new orders to ensure the medication was given as ordered on all new orders daily times four weeks, then 50% of new orders for four weeks, and then 10% of new orders for one month.</p>	



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F 281	<p>Continued From page 7</p> <p>Medical record review of the October 2011, Medication Administration Record (MAR) revealed the Lovenox was administered to the resident October 1-28, 2011, except on October 27, 2011.</p> <p>Observation on November 14, 2011, at 3:40 p.m., revealed the resident lying on the bed sleeping.</p> <p>Telephone interview on November 16, 2011, at 11:05 a.m., with Licensed Practical Nurse (LPN) #4, revealed LPN #4 was responsible for the administration of the Lovenox on October 24, 2011. Continued interview revealed Lovenox was always available for administration, and if initiated the MAR, it "usually" indicated LPN #4 had administered the medication.</p> <p>Telephone interview on November 16, 2011, with LPN #5, confirmed LPN #5 was responsible for the administration of the Lovenox on October 22 and 23, 2011, and confirmed the Lovenox was administered on October 22 and 23, 2011.</p> <p>Interview on November 15, 2011, at 10:45 a.m., with the Interim Director of Nursing, in the Director of Nursing office, confirmed the November 2011, MAR indicated the resident received the Lovenox from October 1-28, 2011, with the exception of October 27, 2011, (MAR not initialed on October 27, 2011), resulting in the resident receiving six unordered doses of the Lovenox.</p> <p>Resident #9 was readmitted to the facility on November 2, 2011, with diagnoses including Fractured Femur, Cerebrovascular Accident,</p>	F 281	<p>4.) The data collected from the audits will be given to the Director of Nursing for tracking and trending to be presented at the Quality Assurance Committee meeting. Compliance of this system will be reviewed monthly by the Quality Assurance committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Medical Records, Pharmacist Consultant, Maintenance Supervisor, Social Service Director, Activities Director, and Housekeeping Supervisor. Subsequent plans of correction will be developed and implemented as needed.</p>	

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LEBANON, TN 37087

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 281	<p>Continued From page 8</p> <p>Pneumonia, Urinary Tract Infection, and Bipolar Disorder.</p> <p>Observation and review of one of twenty-four Controlled (Narcotic) Drug Records on the 200 Hall Cart on November 14, 2011, at 3:03 p.m., at the Main Nursing Station with LPN #1 revealed two tablets of the narcotic, Hydrocodone 5mg with Acetaminophen 325 mg tablet were signed out as administered to Resident #9 on November 13, 2011, at 10:30 a.m., by Registered Nurse (RN) #1.</p> <p>Medical record review of the pharmacy label on the Controlled Drug Record for Resident #9 revealed, "...HYDROCOD/ACETAMIN [Hydrocodone with Acetaminophen] 5MG-325MG TABLET..." with instructions to give, "...1 TAB [tablet] BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN..."</p> <p>Interview with LPN #1 on November 14, 2011, at 3:15 p.m., at the 200 Hall Cart in the Main Nursing Station, confirmed two tablets (two doses) instead of one tablet (one dose) of the narcotic, Hydrocodone 5 mg with Acetaminophen 325 mg tablet were signed out on November 13, 2011, at 10:30 a.m., as administered to Resident #9 by RN #1.</p> <p>Medical record review of the signed physician order dated November 2, 2011, for Resident #9 revealed, "...Lortab [Hydrocodone with Acetaminophen] 5/325 mg 1 PO [by mouth] Q [every] 6 hrs [hours] prn [as needed] for pain..."</p> <p>Interview with RN #1 on November 15, 2011, at 4:25 p.m., at the Main Nursing Station, confirmed</p>	F 281		

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445268	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  11/16/2011
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NAME OF PROVIDER OR SUPPLIER  EBANON HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087
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F 281	Continued From page 9 two doses instead of one dose of the narcotic, Hydrocodone 5 mg with Acetaminophen 325 mg tablet were signed out and administered to Resident #9 on November 13, 2011, at 10:30 a.m., (by RN #1) and the physician orders were not followed.  Resident #4 was admitted to the facility on October 4, 2011, and readmitted on November 11, 2011, with diagnosis including Pneumonia, Anemia, Anxiety, Dementia, and Lung Cancer.  Medical record review of readmission physician orders dated November 11, 2011, revealed "...PICC Line (form of intravenous access)...R (right) arm leave in for hospice..."  Medical record review of the Initial Plan of Care dated November 11, 2011, at the time of the readmission revealed no documentation of the PICC Line.  Interview and medical record review with the RN Minimum Data Set (MDS) coordinator, at the nurse's desk on November 15, 2011, at 8:24 a.m., confirmed the plan of care did not address the care of the PICC line.	F 281		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.	F 323	F323 Free of Accidents Hazards/Supervision/Devices  The facility will ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.	12-09-11

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LEBANON HEALTH & REHAB

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1016/044

STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

445268

(X2) MULTIPLE CONSTRUCTION

A. BUILDING \_\_\_\_\_

B. WING \_\_\_\_\_

(X3) DATE SURVEY  
COMPLETED

11/16/2011

NAME OF PROVIDER OR SUPPLIER

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PROVIDER'S PLAN OF CORRECTION  
(EACH CORRECTIVE ACTION SHOULD BE  
CROSS-REFERENCED TO THE APPROPRIATE  
DEFICIENCY)

(X5)  
COMPLETION  
DATE

F 323 Continued From page 10

This REQUIREMENT is not met as evidenced by:  
Based on medical record review, observation, and interview, the facility failed to ensure a safety device was in place for one resident (#15) of sixteen residents reviewed.

The findings included:

Resident #15 was admitted to the facility on November 15, 2011, with diagnoses including Pneumonia, Metastatic Pancreatic Cancer, Diabetes Mellitus, Generalized Weakness, and Hypertension.

Observation at the nursing desk on November 16, 2011, at 10:00 a.m., revealed a visitor yelling out "someone get a nurse." Continued observation at this time revealed resident #15 in the floor of the sitting area directly in front of the nurse's desk. Observation revealed a pressure pad alarm in the resident's wheelchair not alarming at the time of the fall.

Interview with the facility Staff Development Coordinator, at the nurse's desk on November 16, 2011, at 10:10 a.m., revealed the resident had been confused after admission and the pressure pad alarm had been initiated to prevent unassisted transfers. Continued interview at this time confirmed that the pressure pad alarm was not sounding at the time of the fall.

F 323

- 1.) The alarm was turned at 10:10am on 11/16/2011 for resident #15.
- 2.) The Administrator had a Resident Care Specialist check every alarm in the facility to ensure all alarms were turned ON. There were not issues identified.
- 3.) The nursing staff and therapy department were in serviced by 12/09/2011 to make sure all alarms are turned ON when placing a resident in a wheelchair.

The DON or Designee will check the alarms to ensure they are ON daily for four weeks, weekly for four weeks, and then monthly for one month.

F 329  
SS=D

483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS

Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any

F 329



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NAME OF PROVIDER OR SUPPLIER  BANON HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087
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F 323	Continued From page 10  This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to ensure a safety device was in place for one resident (#15) of sixteen residents reviewed.  The findings included:  Resident #15 was admitted to the facility on November 15, 2011, with diagnoses including Pneumonia, Metastatic Pancreatic Cancer, Diabetes Mellitus, Generalized Weakness, and Hypertension.  Observation at the nursing desk on November 16, 2011, at 10:00 a.m., revealed a visitor yelling out "someone get a nurse." Continued observation at this time revealed resident #15 in the floor of the sitting area directly in front of the nurse's desk. Observation revealed a pressure pad alarm in the resident's wheelchair not alarming at the time of the fall.  Interview with the facility Staff Development Coordinator, at the nurse's desk on November 16, 2011, at 10:10 a.m., revealed the resident had been confused after admission and the pressure pad alarm had been initiated to prevent unassisted transfers. Continued interview at this time confirmed that the pressure pad alarm was not sounding at the time of the fall.	F 323	4.) The data collected from the audits will be given to the Director of Nursing for tracking and trending to be presented at the Quality Assurance Committee meeting. Compliance of this system will be reviewed monthly by the Quality Assurance committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Medical Records, Pharmacist Consultant, Maintenance Supervisor, Social Service Director, Activities Director, and Housekeeping Supervisor. Subsequent plans of correction will be developed and implemented as needed.	
F 329 SS=D	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS  Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any	F 329		

11A

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

LEBANON HEALTH & REHAB

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F 329	<p>Continued From page 11</p> <p>drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to follow physician's orders resulting in administration of unnecessary medications for two (#3, #9) residents of sixteen residents reviewed.</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on October 28, 2011, with diagnoses including Urinary Tract Infection, Severe Peripheral Artery Occlusive Disease, Parkinson's Disease, History</p>	F 329	<p>F329 Drug Regimen is free from unnecessary drugs.</p> <p>The facility will ensure that each resident's drug regimen must be free from unnecessary drugs.</p> <ol style="list-style-type: none"> <li>1.) The medication for resident #3 and #9 were discontinued on 11/15/2011.</li> <li>2.) The Administrator, Director of Nursing, Staff Development Nurse, Regional Nurse Consultant, and Medical Records did a 100% chart audit by 11/18/2011, on all admission orders being transcribed correctly from the discharge orders and all medications were given as ordered.</li> <li>3.) The licensed nursing staff was in serviced by the Staff Development Nurse/DON by 11/18/2011, on following physician orders and transcribing orders correctly to the MAR.</li> </ol> <p>The nurses on 11-7 will perform 24 hour chart check on all active charts to make sure all new medication orders are transcribed correctly to the MAR. They are to make a copy of the MAR and attach to the pink TO orders for the DON to validate orders were transcribed correctly.</p>	12-09-11

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F 329	<p>Continued From page 12 of Carcinoma of Colon, and Degenerative Joint Disease.</p> <p>Medical record review of the hospital Discharge Instructions and the Universal Medication Form, dated October 28, 2011, revealed the resident was to receive Amoxicillin (antibiotic) 500 mg (milligrams) three times a day for five days then stop.</p> <p>Medical record review of the Medication Record revealed the resident received the first dose of Amoxicillin 500 mg on October 28, 2011, at 8:00 p.m., through November 14, 2011.</p> <p>Observation on November 14, 2011, at 11:55 a.m., revealed the resident seated in a wheelchair, in the therapy department.</p> <p>Interview on November 15, 2011, at 7:55 a.m., with the Interim Director of Nursing, at the nursing station, confirmed the Amoxicillin was not discontinued after five days, resulting in the resident receiving the Amoxicillin for twelve extra days (an extra thirty-six doses).</p> <p>Resident #9 was readmitted to the facility on November 2, 2011, with diagnoses including Fractured Femur, Cerebrovascular Accident, Pneumonia, Urinary Tract Infection, and Bipolar Disorder.</p> <p>Medical record review of the hospital physician's orders, dated November 2, 2011, revealed Sinemet (medication to treat Parkinson's Disease) 25-100 mg was not to be continued at the facility.</p>	F 329	<p>The DON or designee will check all admission charts to make sure discharge orders are transcribed correctly within 24 hour of admission daily for four weeks, and then will complete 50% admissions charts for the week for four weeks, and then 10% of admission charts for one month.</p> <p>4.) The data collected from the audits will be given to the Director of Nursing for tracking and trending to be presented at the Quality Assurance Committee meeting. Compliance of this system will be reviewed monthly by the Quality Assurance committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Medical Records, Pharmacist Consultant, Maintenance Supervisor, Social Service Director, Activities Director, and Housekeeping Supervisor. Subsequent plans of correction will be developed and implemented as needed.</p>	

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F 329	Continued From page 13 Medical record review of the facility's transcribed orders, dated November 2, 2011, revealed "...Sinemet 25-100 mg 1 PO (by mouth) TID (three times a day)..."  Medical record review of the November 2011, Medication Administration Record (MAR) revealed the resident received the Sinemet 25-100 mg, three times a day, from November 2, 2011, at 5:00 p.m., through November 10, 2011, at 1:00 p.m.  Medical record review of the reverse side of the November 2011, MAR revealed "...11/10/11 5p (p.m.) Family requests Sinemet to be held..."  Medical record review of a physician's order dated November 15, 2011, revealed an order to discontinue the Sinemet as requested by the family.  Observation on November 15, 2011, at 5:00 p.m., revealed the resident lying on the bed receiving oxygen, with the eyes closed.  Interview on November 16, 2011, at 8:10 a.m., with the Corporate Nurse, in the conference room, confirmed the facility did not correctly transcribe the readmission orders for the Sinemet, and confirmed the resident received the Sinemet, in error, from November 2-11, 2011.	F 329		
F 333 SS=D	483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS  The facility must ensure that residents are free of any significant medication errors.	F 333		



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F 333	<p>Continued From page 14</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to prevent a significant medication error for three (#12, #1 #8) of sixteen residents reviewed.</p> <p>The findings included:</p> <p>Resident #12 was admitted to the facility on October 11, 2011, with diagnoses including Atrial Fibrillation, Left Shoulder Hemiarthroplasty, History of Cardiomyopathy, Chronic Obstructive Pulmonary Disease, Renal Insufficiency, and Anemia. Medical record review revealed the resident was discharged home on October 20, 2011, with home health services.</p> <p>Medical record review of the hospital medications to be continued at the facility, signed by the hospital physician on October 11, 2011, revealed the resident was to receive Warfarin (anticoagulant) 5 mg (milligrams) every day.</p> <p>Medical record review of the facility's transcribed orders dated October 11, 2011, revealed no documentation the resident was to receive the Warfarin, and were transcribed by a Registered Nurse (RN) no longer employed by the facility. Continued review of the transcribed orders dated October 11, 2011, revealed Licensed Practical Nurse (LPN) #1 had also signed as having reviewed the transcribed orders.</p> <p>Medical record review of a physician's progress note dated October 18, 2011, revealed the resident had a past medical history of Atrial Fibrillation.</p>	F 333	<p>F 333 Residents Free of Significant Med Errors</p> <p>The facility will ensure that residents are free of any significant medication errors.</p> <p>1.) Resident #12 was discharged from the facility to home on 10-20-2011 with no issues from the medication error.</p> <p>Resident #1 was discharged from the facility to home on 11-19-2011 with no issues from the medication error.</p> <p>Resident #8 was discharged from the facility to home on 11-17-2011 with no issues from the medication error.</p> <p>2.) The Administrator, Director of Nursing, Staff Development Nurse, Regional Nurse Consultant, and Medical Records did a 100% chart audit by 11/18/2011, on all admission orders being transcribed correctly from the discharge orders and all medications were given as ordered.</p>	12-09-11

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F 333	Continued From page 15  Medical record review of a physician's order dated October 18, 2011, revealed Coumadin (Warfarin) 5 mg by mouth daily, and to check the INR (laboratory test to measure blood coagulation) on October 20, 2011.  Medical record review of a laboratory report dated October 20, 2011, revealed INR=1.2, (reference range 2.0-3.5), and the recommended range for the INR is 2.0-3.0 for most medical and surgical thromboembolic states.  Medical record review of the October 2011, Medication Administration Record (MAR) revealed no documentation the Warfarin 5 mg was administered until October 18, 2011.  Medical record review of the Post-Discharge Plan of Care, signed by LPN #2, revealed the resident had a follow-up appointment on October 20, 2011, at 1:45 p.m.  Interview on November 16, 2011, with LPN #2, in the hallway, revealed LPN #2 had given discharge instructions to the resident and the resident's family member with the results of the INR to be given to the community physician on October 20, 2011.  Interview on November 15, 2011, at 11:30 a.m., with LPN #1 (nurse who checked transcription of orders from the hospital to the facility), in the conference room, confirmed had completed the second check of the transcribed orders on October 11, 2011, and confirmed the Coumadin 5 mg ordered from the hospital to the facility had not been transcribed onto the facility's physician	F 333	3.) The licensed nursing staff was in serviced by the Staff Development Nurse/DON by 11/18/2011, on following physician orders and transcribing orders correctly to the MAR.  The nurses on 11-7 will perform 24-hour chart check on all active charts to make sure all new medication orders are transcribed correctly to the MAR. They are to make a copy of the MAR and attach to the pink TO orders for the DON to validate orders were transcribed correctly.  The DON or Designee will review new admission MARS and MARS for new orders to ensure the medication was given as ordered on all new orders daily times four weeks, then 50% of new orders for four weeks, and then 10% of new orders for one month.	

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F 333	<p>Continued From page 16</p> <p>orders. Continued interview confirmed LPN #1 had overlooked the Coumadin order.</p> <p>Interview on November 15, 2011, at 12:50 p.m., with the physician, in the conference room, revealed the physician had visited the resident on October 18, 2011, saw the diagnosis of Atrial Fibrillation, realized the resident needed to receive Coumadin/Warfarin and had ordered Coumadin 5 mg daily to be administered. Continued interview revealed residents with Atrial Fibrillation needed to receive anticoagulation medication to prevent a blood clot to the heart being passed to the brain causing a stroke.</p> <p>Review of documentation prepared by the Director of Nursing on November 15, 2011, revealed an omission of Coumadin occurred on October 11, 2011, and "...Findings/Actions Taken: Transcription order on admission orders for Coumadin 10/11/11 through 10/17/11, med not given..."</p> <p>Resident #1 was admitted to the facility on October 11, 2011, with diagnoses including Pneumonia, Peripheral Vascular Disease, and Diabetes Mellitus Type II.</p> <p>Medical record review of the Admission Orders dated November 1, 2011, revealed Sliding Scale (SS) per protocol, and Accuchecks AC (before meals) and HS (at bedtime) per protocol.</p> <p>Medical record review of the Blood Glucose Tracking form dated October 2011, revealed the</p>	F 333	<p>4.) The data collected from the audits will be given to the Director of Nursing for tracking and trending to be presented at the Quality Assurance Committee meeting. Compliance of this system will be reviewed monthly by the Quality Assurance committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Medical Records, Pharmacist Consultant, Maintenance Supervisor, Social Service Director, Activities Director, and Housekeeping Supervisor. Subsequent plans of correction will be developed and implemented as needed.</p>	

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F 333	<p>Continued From page 17</p> <p>resident was to receive 2 units of insulin for blood sugars 150-199. Continued review revealed on October 27, 2011, at 11:30 a.m., the resident's blood sugar was 154 and no documentation the Novolin R was administered as ordered.</p> <p>Review of documentation prepared by the Director of Nursing on November 1, 2011, revealed an omission of Novolin R (insulin) occurred on October 27, 2011, at 11:30 a.m., and "...Findings/Action Taken: missed dose of Novolin R...not given..."</p> <p>Resident #8 was admitted to the facility with diagnoses including Atrial Fibrillation, Right Fracture Femur, and History of Cerebral Vascular Accident (stroke).</p> <p>Medical record review of the hospital Discharge Summary, signed by the hospital physician on October 23, 2011, revealed the resident was to receive Coumadin (anticoagulant) for DVT prophylaxis and Atrial Fibrillation.</p> <p>Medical record review of the Admission Orders dated October 23, 2011, revealed an order for Coumadin 5mg (milligram) daily and daily PT/INR (laboratory test to measure coagulation) daily until INR 2-3.</p> <p>Medical record review of the MAR dated October 23, 2011, revealed Coumadin 5mg po daily at 5:00 p.m.</p> <p>Medical record review of PT/INR Result dated October 27, 2011, at 10:00 a.m., revealed "...Pharmacy has not filled Coumadin as pt (patient) is on Amiodorone (antidysrhythmic). D/C</p>	F 333		

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NAME OF PROVIDER OR SUPPLIER  LEBANON HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087
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F 333	<p>Continued From page 18</p> <p>Coumadin? Different anti coag?..."</p> <p>Medical record review of a Doctor's Progress Note dated October 27, 2011, at 11:30 a.m., revealed "...? Amiodorone, Coumadin, Lovenox all seem to be ordered....still not getting Lovenox or Coumadin..."</p> <p>Medical record review of a Physicain's Telephone Order dated October 27, 2011, no time documented, revealed "...clarification...Lovenox 60 mg SQ (subcutaneous) daily and Coumadin 5 mg po q (every) day..."</p> <p>Review of facility documentation Emergency Kit Contents revealed Coumadin/Warfarin and Lovenox was available in the E-Kit.</p> <p>Review of pharmacy documentation dated November 15, 2011, revealed no E-Kit (emergency box) utilization on Coumadin/Warfarin and Lovenox for the resident and Coumadin/Warfarin and Lovenox was not delivered until October 27, 2011.</p> <p>Interview on November 16, 2011, at 8:25 a.m., on the 100 hallway, with LPN #2 confirmed the pharmacy had not delivered Lovenox or Coumadin for the resident until October 27, 2011.</p> <p>Interview with LPN #4 on November 16, 2011, at 6:43 p.m, by telephone, revealed LPN #4 was responsible for the administration of the Coumadin on October 24, 2011, and confirmed "...If the medication was not in the drawer I could not have given it..."</p> <p>Interview on November 17, 2011, at 10:15 a.m.,</p>	F 333		



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LEBANON, TN 37087

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F 333	Continued From page 19 in the Director of Nursing office, with the Regional Nurse Consultant confirmed the facility could not ensure that the resident received Coumadin 5mg for October 23, 24, 25, and 26, 2011.	F 333		
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH  The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.  The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.  This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to provide pharmaceutical services in a timely manner for one resident (#1) of sixteen residents reviewed.  The findings included:	F 425	F 425 Pharmaceutical Svc Accurate Procedures  The facility will provide routine and emergency drugs and biological to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility will provide pharmaceutical services to meet the needs of each resident.  1.) Resident #1 was discharged on 11/19/2011. The medication was received and given on 10/19/2011.  2.) A MAR to Cart Audit was completed by 12/07/2011 to ensure all medication that are ordered were in the facility and available for patients.  3.) All licensed nurses were in serviced on 11/18/2011 to pull drugs from the emergency box in the medication room or to notify pharmacy that the medication is not available to send it stat or call it in to our backup pharmacy for pickup.	12-01-11

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F 425	Continued From page 20 Resident #1 was admitted to the facility on October 17, 2011, with diagnoses including Pneumonia, Peripheral Vascular Disease, and Diabetes Mellitus Type II:  Medical record review of the Admission Orders dated October 17, 2011, revealed an order for Tradjenta (lower blood sugar) 5mg (milligram) daily.  Medical record review of the Medication Administration Record dated October 17, 2011, revealed the medication was not given and the facility was awaiting arrival of the medication.  Interview with Registered Nurse (RN) #4 on November 16, 2011, at 6:59 p.m., by telephone, confirmed the medication was not available and the facility failed to acquire the medication in a timely manner.	F 425	The DON or Designee will review new admission MARS and MARS for new orders to ensure the medication was given as ordered on all new orders daily times four weeks, then 50% of new orders for four weeks, and then 10% of new orders for one month.	
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON  The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.  The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.    This REQUIREMENT is not met as evidenced by: Based on medical record review and interview,	F 428		

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F 425	Continued From page 20 Resident #1 was admitted to the facility on October 17, 2011, with diagnoses including Pneumonia, Peripheral Vascular Disease, and Diabetes Mellitus Type II.  Medical record review of the Admission Orders dated October 17, 2011, revealed an order for Tradjenta (lower blood sugar) 5mg (milligram) daily.  Medical record review of the Medication Administration Record dated October 17, 2011, revealed the medication was not given and the facility was awaiting arrival of the medication.  Interview with Registered Nurse (RN) #4 on November 16, 2011, at 6:59 p.m., by telephone, confirmed the medication was not available and the facility failed to acquire the medication in a timely manner.	F 425	4.) The data collected from the audits will be given to the Director of Nursing for tracking and trending to be presented at the Quality Assurance Committee meeting. Compliance of this system will be reviewed monthly by the Quality Assurance committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Medical Records, Pharmacist Consultant, Maintenance Supervisor, Social Service Director, Activities Director, and Housekeeping Supervisor. Subsequent plans of correction will be developed and implemented as needed.	
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON  The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.  The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.  This REQUIREMENT is not met as evidenced by: Based on medical record review and interview,	F 428	F 428 Drug Regimen Review, Report Irregular, Act On  The pharmacist will report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.  1.) The medication was discontinued on 11-10-2011 for resident #9. 2.) The pharmacist reviewed all admission charts on 11/29/2011, from previous visit. 3.) The licensed nursing staff was in serviced by the Staff Development Nurse/DON by 11/18/2011, on following physician orders and transcribing orders correctly to the MAR.	12-09-11

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F 428	<p>Continued From page 21</p> <p>the consultant pharmacist failed to identify the transcription and administration of an unordered medication for one (#9) of sixteen residents reviewed.</p> <p>The findings included:</p> <p>Resident #9 was readmitted to the facility on November 2, 2011, with diagnoses including Fractured Femur, Cerebrovascular Accident, Pneumonia, Urinary Tract Infection, and Bipolar Disorder.</p> <p>Medical record review of the hospital physician's orders dated November 2, 2011, revealed Sinemet (medication to treat Parkinson's Disease) 25-100 mg was not to be continued at the facility.</p> <p>Medical record review of the facility's transcribed orders, dated November 2, 2011, revealed "...Sinemet 25-100 mg 1 PO (by mouth) TID (three times a day)..."</p> <p>Medical record review of the November 2011 Medication Administration Record (MAR) revealed the resident received the Sinemet 25-100 mg, three times a day, from November 2, 2011, at 5:00 p.m., through November 10, 2011, at 1:00 p.m.</p> <p>Medical record review of a Medication Regimen Review revealed the facility's Consultant Pharmacist had completed a Medication Regimen Review on November 4, 2011.</p> <p>Telephone interview on November 16, 2011, at 10:00 a.m., with the Consultant Pharmacist</p>	F 428	<p>The DON or Designee will review new admission MARS and MARS for new orders to ensure the medication was given as ordered on all new orders daily times four weeks, then 50% of new orders for four weeks, and then 10% of new orders for one month.</p> <p>4.) The data collected from the audits will be given to the Director of Nursing for tracking and trending to be presented at the Quality Assurance Committee meeting. Compliance of this system will be reviewed monthly by the Quality Assurance committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Medical Records, Pharmacist Consultant, Maintenance Supervisor, Social Service Director, Activities Director, and Housekeeping Supervisor. Subsequent plans of correction.. will be developed and implemented as needed.</p>	

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F 428	Continued From page 22 revealed when a Medication Regimen Review was completed, the admission orders were reviewed for accuracy along with the MAR. Continued interview revealed the Consultant Pharmacist could not respond to questions related to resident #9's Medication Regimen Review dated November 4, 2011, due to not having access to the records, and the records were faxed to the Consultant Pharmacist.  Telephone interview on November 16, 2011, at 10:40 a.m., with the Consultant Pharmacist, after receiving the faxed information, confirmed the Consultant Pharmacist did not identify the transcription error for the Sinemet.	F 428		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.  Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to	F 431	F 431 Drug Records, Labels/Store Drugs and Biological  The facility will store all drugs and biological in locked compartments under proper temperature and controls, and permit only authorized personnel to have access to the keys.  1.) The Orange Emergency Box was closed and locked on 11-14-2011.  The Black Emergency Narcotic Box had the key removed from the lock on 11/14/2011..  2.) All storage for drugs was audited to ensure they were locked properly.	12-09-11



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F 431	<p>Continued From page 23 have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, medication audit, review of facility policy, review of Tennessee Pharmacy Laws 2008 Edition, and interview, the facility failed to assure the contents of emergency medications for residents were secured in three (Orange Emergency Box, LEB 212-4 Black Emergency Narcotic [Controlled Substance] Box, LEB 212-2 Black Emergency Narcotic Box) of five emergency boxes observed and failed to determine that drug records were in order for one (LEB 212-4) emergency box of five emergency boxes observed.</p> <p>The findings included:  Orange Emergency Box</p> <p>Observation of the Orange Emergency Box on November 14, 2011, at 10:40 a.m., in the Main Medication Room with Licensed Practice Nurse (LPN #1) revealed the emergency box was opened and not secured with a lock. Further</p>	F 431	<p>3.) All licenses nurses were in serviced by the SDC on 11/18/2011 to ensure all narcotic boxes are to be locked at all times, the keys are to be returned to the courier after delivery of narcotic boxes. The emergency box needs to be closed after drugs are pulled from the box.</p> <p>The 11-7 nurses will check the Narcotic Box and Emergency box daily for four weeks, and weekly for one month to ensure they are locked and closed properly to ensure proper storage of medications.</p> <p>4.) The data collected from the audits will be given to the Director of Nursing for tracking and trending to be presented at the Quality Assurance Committee meeting. Compliance of this system will be reviewed monthly by the Quality Assurance committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Medical Records, Pharmacist Consultant, Maintenance Supervisor, Social Service Director, Activities Director, and Housekeeping Supervisor. Subsequent plans of correction will be developed and implemented as needed.</p>	

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F 431	<p>Continued From page 24</p> <p>review of the list of contents of the Orange Emergency Box revealed 815 doses of 142 medications including antibiotic medications (Amoxicillin); medications for blood pressure (Clonidine); antipsychotic medications (Seroquel); and blood thinners (Coumadin) were available for emergency use for residents.</p> <p>LEB 212-4 Black Emergency Narcotic Box</p> <p>Observation of the LEB 212-4 Black Emergency Narcotic Box on November 14, 2011, at 10:50 a.m., in the Main Medication Room with LPN #1 revealed the box was locked with one ribbed plastic security seal. Further observation revealed one opened metal, master lock with the key inside the lock.</p> <p>Review of the contents of the LEB 212-4 Black Emergency Narcotic Box revealed Schedule II (medications with high potential for abuse) narcotic medications were stored without a double locked secured system.</p> <p>Further review and audit of the contents with LPN #1 revealed the following Schedule II narcotic medications: two Morphine Sulfate 10 mg (milligram) Injections; two Meperidine 50 mg vials; two Morphine Sulfate Immediate Release 30 mg tablets; and two Oxycodone 5 mg with Acetaminophen 325 mg tablets.</p> <p>Further review and audit of the contents of the LEB 212-4 Black Emergency Narcotic Box with LPN #1 revealed one missing dose of the Schedule III (medication with potential for abuse) narcotic medication, Hydrocodone 10 mg with Acetaminophen 500 mg tablet.</p>	F 431		

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F 431	<p>Continued From page 25</p> <p>LEB 212-2 Black Emergency Narcotic Box</p> <p>Observation of the LEB 212-2 Black Emergency Narcotic Box on November 14, 2011, at 11:10 a.m., in the Main Medication Room with LPN #1 revealed the box was locked with one ribbed plastic security seal. Further observation revealed one locked metal, master lock with the key inside the lock.</p> <p>Review of the contents of the LEB 212-2 Black Emergency Narcotic Box revealed Schedule II (medications with high potential for abuse) narcotic medications were stored without a double locked secured system.</p> <p>Further review and audit of the contents with LPN #1 revealed the following Schedule II narcotic medications: two Morphine Sulfate 10 mg (milligram) Injections; two Meperidine 50 mg vials; two Morphine Sulfate Immediate Release 30 mg tablets; and two Oxycodone 5 mg with Acetaminophen 325 mg tablets.</p> <p>Review of the facility policy, Emergency Medication Supply revealed, "...D. The seal is to be replaced on the box as soon as possible by a nurse with the authority to do so..."</p> <p>Review of facility policy, Controlled Substance Medications revealed, "...a. Secure the Control [Narcotic] Stat [for immediate use] Box with a double lock..."</p> <p>Review of the Tennessee Pharmacy Laws 2008 Edition Rule 1140-4-.09 Emergency and Home Care Kits documented "... (3) The emergency kit shall be provided sealed...by authorized personnel in accordance with established</p>	F 431		

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F 431	Continued From page 26 policies...10. When an emergency kit is opened for any reason...the kit shall be...resealed...so as to prevent risk of harm to patients..."  Review of the Tennessee Pharmacy Laws 2008 Edition Rule 1140-4-.08 Controlled Drugs documented "... (3) Schedule II controlled substances which are kept within a pharmacy practice site shall be stored in a secured...structure which provides a double locked secured system..."  Interview with LPN #1 on November 14, 2011, at 11:20 a.m., in the Main Medication Room, confirmed the Orange Emergency Box was opened and not secured per facility policy; the contents of the two Black Narcotic Emergency Boxes were stored without a double locked secured system per facility policy; and one Hydrocodone 10 mg with Acetaminophen 500 mg tablet (narcotic) was missing without a record of administration in the LEB 212-4 Black Emergency Narcotic Box.	F 431		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation,	F 441	F 441 Infection Control, Prevent Spread, Linens  The facility will establish and maintain an Infection Control Program designated to provide a safe, sanitary and comfortable environment and to help the development and transmission of disease and infection.	12-09-11

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LEBANON, TN 37087

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 441	<p>Continued From page 27</p> <p>should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p> <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, facility policy review, observation, and interview, the facility failed to follow infection control procedures during intravenous medication administration for one (#2) and failed to perform proper hand hygiene during wound care for one (#4) of sixteen residents reviewed.</p> <p>The findings included:</p> <p>Resident #2 was readmitted to the facility on</p>	F 441	<p>1.) Resident #2 and #4 had assessment done on 11/16/2011 with no issues identified.</p> <p>2.) The nurse was trained on 11/18/2011 by the SDC on how to follow proper infection control procedures during intravenous medication administration.</p> <p>The nurse was trained on 11/18/2011 by the SDC on how to perform proper hand hygiene during wound care.</p> <p>3.) All licensed nurses will be in serviced by 12/07/2011 on how to follow proper infection control procedures during intravenous medication administration and how to perform proper hand hygiene during wound care.</p> <p>The SDC or designee will monitor a nurse weekly for our weeks, and monthly for three months to ensure they are following proper hand hygiene during wound care and proper infection control procedures during intravenous medication administration.</p>	



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

LEBANON HEALTH & REHAB

036/044

FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

445268

(X2) MULTIPLE CONSTRUCTION

A. BUILDING \_\_\_\_\_

B. WING \_\_\_\_\_

(X3) DATE SURVEY  
COMPLETED

11/16/2011

NAME OF PROVIDER OR SUPPLIER

LEBANON HEALTH AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

731 CASTLE HEIGHTS COURT

LEBANON, TN 37087

(X4) ID  
PREFIX  
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(EACH DEFICIENCY MUST BE PRECEDED BY FULL  
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID  
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TAG

PROVIDER'S PLAN OF CORRECTION  
(EACH CORRECTIVE ACTION SHOULD BE  
CROSS-REFERENCED TO THE APPROPRIATE  
DEFICIENCY)

(X5)  
COMPLETION  
DATE

F 441

Continued From page 28

November 1, 2011, with diagnoses of Right Hip Hematoma, Status Post Right Total Hip, Diabetes, Wound Vac Secondary to Right Hip Hematoma, and Obesity.

Observation on November 15, 2011, at 7:50 a.m., in the resident's room, revealed Licensed Practical Nurse (LPN) #2 reconstituted (mixed) Vancomycin (an antibiotic), then entered the residents room without washing the hands or donning gloves, accessed the residents Picc line (peripherally inserted central catheter), flushed the Picc line with 5 ml (milli liters) of normal saline from a prefilled syringe, then administered the Vancomycin via the Picc line without washing hands or donning gloves.

Review of facility policy, Peripherally Inserted Central Catheter (PICC) Flushing, revealed "... Licensed nurses caring for residents receiving infusion therapies are expected to follow infection control and safety compliance procedures... procedure... 4. Wash hands...6. Don gloves..."

Interview with LPN #2, on November 15, 2011, at 8:00 a.m., in the 100 hallway, confirmed the intravenous line was accessed and the medications administered without washing the hands or wearing gloves.

Observation on November 15, 2011, revealed Registered Nurse (RN) #1 providing wound care to resident #4. Observation revealed RN #1 washed the hands, applied gloves and removed a dressing from a wound on the coccyx, and

F 441

4.) The data collected from the audits will be given to the Director of Nursing for tracking and trending to be presented at the Quality Assurance Committee meeting. Compliance of this system will be reviewed monthly by the Quality Assurance committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Medical Records, Pharmacist Consultant, Maintenance Supervisor, Social Service Director, Activities Director, and Housekeeping Supervisor. Subsequent plans of correction will be developed and implemented as needed.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445268	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  11/16/2011
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NAME OF PROVIDER OR SUPPLIER  EBANON HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087
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F 441	Continued From page 29 described the wound as unstageable, with purulent drainage, removed the gloves and washed the hands. Continued observation revealed RN #1 cleaned the wound with wound cleanser and a gauze pad, and without washing the hands or changing the gloves applied a clean dressing. Continued observation revealed RN #1, without changing the gloves or washing the hands removed a dressing from a surgical incision site, located on the right thigh. Continued observation revealed the incision site had six staples in place, and RN #1 cleaned the wound with wound cleanser and a gauze pad and without washing the hands or changing the gloves, applied a clean dressing.  Review of facility policy, Wound Care Procedure for Major Wounds, revealed "Purpose: To provide guidelines for good technique in doing wound care. Note: 'Clean technique' is used. Sterile technique would be used with fresh surgery wounds...Procedure...Wash your hands...Put gloves on...Remove the soiled dressing...Remove gloves...Wash your hands...Put on clean gloves...Clean the wound...Remove gloves...Put on new gloves...apply clean dressings as ordered...Remove gloves...wash your hands..."  Interview on November 15, 2011, at 1:40 p.m., with RN #1, in the hallway, confirmed the hands were not washed and the gloves were not changed after cleaning the wounds prior to applying a clean dressing, and between cleaning the coccyx wound and the wound of the right thigh.	F 441		
F 502 SS=D	483.75(j)(1) ADMINISTRATION  The facility must provide or obtain laboratory	F 502	F 502 Administration  The facility will provide or obtain laboratory services to meet the needs of its residents.	12-01-11

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NAME OF PROVIDER OR SUPPLIER

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F 502	<p>Continued From page 30</p> <p>services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to obtain laboratory tests for one resident (#8) of sixteen residents reviewed.</p> <p>The findings included:</p> <p>Resident #8 was admitted to the facility with diagnoses including Atrial Fibrillation, Right Fracture Femur, and History of Cerebral Vascular Accident (stroke).</p> <p>Medical record review of the Admission Orders dated October 23, 2011, revealed an order for Coumadin (anticoagulant) 5 mg (milligram) and PT/INR (laboratory test to measure blood coagulation) daily.</p> <p>Medical record review of the residents chart revealed no PT/INR's for October 25, and 26, 2011.</p> <p>Interview with Licensed Practical Nurse #1 (Medical Records Director) on November 15, 2011, at 11:30 a.m., in the Medical Records Department, confirmed the PT/INR's on October 25 and 26, were not completed as ordered.</p>	F 502	<ol style="list-style-type: none"> <li>1.) The resident #8 was discharged on 10-20-2011.</li> <li>2.) The facility completed a 100% chart audit to ensure all labs were completed as ordered on 11-30-2011.</li> <li>3.) All licenses nurses will be in serviced by 12/09/2011 on the facility lab process.</li> </ol> <p>The DON or designee will be checking to ensure all lab are processed daily for four weeks, and then weekly for four weeks, and then for one month.</p> <p>The 11-7 staff will be doing daily 24-hour chart checks to ensure all new orders for labs are put on the lab ticker.</p> <p>The DON or designee will check all admission charts to make sure discharge orders are transcribed correctly within 24 hour of admission daily for four weeks, and then will complete 50% admissions charts for the week for four weeks, and then 10% of admission charts for one month.</p>	

31A

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F 502	<p>Continued From page 30</p> <p>services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to obtain laboratory tests for one resident (#8) of sixteen residents reviewed.</p> <p>The findings included:</p> <p>Resident #8 was admitted to the facility with diagnoses including Atrial Fibrillation, Right Fracture Femur, and History of Cerebral Vascular Accident (stroke).</p> <p>Medical record review of the Admission Orders dated October 23, 2011, revealed an order for Coumadin (anticoagulant) 5 mg (milligram) and PT/INR (laboratory test to measure blood coagulation) daily.</p> <p>Medical record review of the residents chart revealed no PT/INR's for October 25, and 26, 2011.</p> <p>Interview with Licensed Practical Nurse #1 (Medical Records Director) on November 15, 2011, at 11:30 a.m., in the Medical Records Department, confirmed the PT/INR's on October 25 and 26, were not completed as ordered.</p>	F 502	<p>4.) The data collected from the audits will be given to the Director of Nursing for tracking and trending to be presented at the Quality Assurance Committee meeting. Compliance of this system will be reviewed monthly by the Quality Assurance committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Medical Records, Pharmacist Consultant, Maintenance Supervisor, Social Service Director, Activities Director, and Housekeeping Supervisor. Subsequent plans of correction will be developed and implemented as needed.</p> <p>COMPLETED ON 12/09/2011</p>	

31B